Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

_		ie Service	_		_	a copy or triis retu	rn to satisfy state repor		ilements.		inspection
				r tax year begi			, 2012, and	ending		_	, 20
B	heck if ap	pplicable:	C Name of	f organizatio BEM	IDJI COMMUNITY	FOOD SHELF	INC			-	Employer identification no.
H A	ddress ch	hange	Doing B	usiness As						4	11-1494430
Ц١	ame char	nge	Number	and street (or P.C	D. box if mail is not deli	vered to street addr	ess)	Room	n/suite	E	Telephone number
∐ Ir	itial retur	rn	PO BO	OX 3118						((218)444-6580
т	erminated	d	City, tov	vn or post office, s	state, and ZIP code						448,076
A	mended r	return	BEMII	DJI, MN 566	19					G	Gross receipts \$
A	pplication	n pending			incipal officer:BILL I	BEYER					
_		2720 ARROWOOD CIR NW, BEMIDJI, MN 56601							a) Is this a g affiliates?	roup ret	urn for Yes X No
	ax-exemp	ot status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527	H(I			
			301(0)(3)) (IIISEIT IIO.)	4947(a)(1) 01				tach a li	st. (see instructions)
	/ebsite:			ПП.	П		T	H(c			
		ganization: X		n 📙 Trust 📙 As	ssociation	<u> </u>	L Year of formation	:1982	M State	of legal	domicile: MN
Par		Summar									
	1 E	Briefly descri	be the orga	anization's missi	on or most significar	t activities:	PROVIDE EMERGENO	Y FOOD	TO FAMI	LIES	WHO HAVE
Φ	<u> </u>	SHORT-TER	M EMERGI	ENCY FOOD N	EEDS IN BELTRAI	MI COUNTY.					
ů											
Ľ											
Activities & Governance	2	Check this bo	ox 🕨 🗌 if	the organization	n discontinued its op	erations or dispos	sed of more than 25% o	f its net a	ssets.		
Ğ	1 8	Number of vo	otina memb	pers of the gove	rning body (Part VI, I	ine 1a)				3	20
•ර් ග			•	•	s of the governing bo	•	lh)			4	20
ţį			•	· ·	n calendar year 2012		,			5	
ξį					•	,					7
Ac				ers (estimate if i	• /				• • • • •	6	300
					Part VIII, column (C)	•				7a	0
	1 d	Net unrelated	business	taxable income	from Form 990-T, lir	ne 34				7b	0
									Prior Year		Current Year
	8 (Contributions	and grants	s (Part VIII, line	1h)				196	704	443,717
ine	9 F	Program serv	vice revenu	ie (Part VIII, line	2g)						0
Revenue	10 I	Investment in	come (Par	rt VIII, column (A	A), lines 3, 4, and 7d)					235	159
Re			,	•	ies 5, 6d, 8c, 9c, 10c						4,200
					must equal Part VIII				104	5,939	448,076
	+				X, column (A), lines	. ,	,		100	,,,,,	110,070
		•		,	(, column (A), line 4)			-			
S			•		e benefits (Part IX, c	olumn (A), lines 5	-10)		31	3,635	41,053
Expenses			_	,	column (A), line 11e)						0
9			• .		umn (D), line 25)		7,933				
Ш	17 (Other expens	ses (Part IX	K, column (A), lin	nes 11a-11d, 11f-24e	e)			146	,067	216,550
	18	Total expens	es. Add lin	nes 13-17 (must	equal Part IX, colum	nn (A), line 25)			184	1,702	257,603
	19 F	Revenue less	s expenses	s. Subtract line	18 from line 12 .				12	2,237	190,473
SS -								Beginni	ing of Current	/ear	End of Year
Fund Blances Net Assets or	20	Total assets	Part X, line	e 16)					122	2,540	610,921
d Bl	21	Total liabilitie	s (Part X. li	ne 26)					1	3,365	301,273
F E			,	,	ine 21 from line 20					,175	309,648
Par		Signatu			IIIC 21 HOITI IIIC 20		<u> </u>			,,1,5	3037040
					nis return, including acc	ompanying schedul	es and statements, and to	the hest of	f my knowled	ne and b	nelief it is
							hich preparer has any kno		i my knowiec	go ana b	ionor, it io
											_
Ciar	.		HOYUM								
Sigr	- 17	Signatu	re of officer							Date	
Here	•	EDITE	HOYUM,	TREASURER							
		Type or	print name	and title							
	•	Print/Type p	eparer's nar	me	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date		Check	if P	TIN
Paid	ı	Susan De			Susan Dearhol		08-07-2013		self-employ		P01239524
	oarer	Firm's name	<u> </u>	Gerald		td	1 0, 2020	Eirmi	s EIN		
	Only										
USE	Only	Firm's addre	ss 🕨		sevelt Road SE			Phon		0 444	1 1040
					MN 56601-3456				21	.o-444	1-1040
1\/la\/ f	na IRS (alectice this r	eti irn with f	me nrenarer sho	own above? (see ins	rructione)					X Yes No

4d Other program services. (Describe in Schedule O.)

) (Revenue \$

including grants of \$

4e Total program service expenses 239,450

(Expenses \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. •		
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			7.7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		·
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
32	Part I	31		22
32		32		X
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 22
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		21
54	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	

12) BEMIDJI COMMUNITY FOOD SHELF INC
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			<u>. U</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012) BEMIDJI COMMUNITY FOOD SHELF INC Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year 20 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

iva	Did the diganization have local chapters, branches, or anniates:	IVa		25
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who persones the books and records of the

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: EDITH HOYUM (218)444-6580

3447 QUINCY DR SW BEMIDJI, MN 56601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Nours property p	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
Nours per Nour	(A)	(B)			(C	;)			(D)	(E)	(F)
PRESIDENT 10.00 X	Name and Title	hours per week (list any hours for related organizations below dotted	box, office I t d n r i d u r i s e v t c i e t d e o u r	I t n r s u t s i t e u e t i o n a	eck nos per	K e y e m p I o y e	Hc e i o m g m p h p l e e e o s n y t s e a e t e	e) F o r m e	compensation from the organization	compensation from related organizations	Estimated amount of other compensation from the organization and related organizations
(2) CJ FISHER SECRETARY SE	(1) BILL BEYER										
SECRETARY		10.00			X				0	0	0
(3) EDITH HOYUM TREASURER 10.00 X 0 0 (4) TOM GRAY VP 5.00 X 0 0 (5) JACK JUDKINS EXECUTIVE DIRECTOR 40.00 X 18,600 0 (6) (7) (8) (9) (10) (11) (12)	• •				v				_		_
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EEA Form **990** (2012)

Name and title Name	Part V	Section A. Officers, Directors, Trustees	Key Emplo	yees,	and	ΙHiς	jhes	st Con	npen	sated Employees	(continued)			
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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII							
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
- s s	1a	Federated campaigns 1a					
ant	b	Membership dues 1b					
يَّ ق	C	Fundraising events 1c	443,717				
fts, F A	d	Related organizations 1d	110,717				
<u> </u>	e	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants,					
ner iti		and similar amounts not included above					
들물		Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1f		442 717			
_ <u></u>	- "	Total. Add lines 1a-11	Business Code	443,717			
•	2a						
, eu ne							
Rev							
<u> </u>							
Se	d		1				
Program Service Revenue	e	All other program service revenue					
P.		. 0					
		Total. Add lines 2a-2f	· · · · · · • •				
		Investment income (including dividends, interest, and other similar amounts)		159	159		
	1	Income from investment of tax-exempt bond proceed		159	159		
	1	·					
	5	Royalties					
	60	Gross rents 4,200	(ii) Personal				
			,				
	1	Less: rental expenses Rental income or (loss) 4,200	<u> </u>				
	1	Net rental income or (loss)		4 200	4 200		
		W 2 111		4,200	4,200		
		Gross amount from sales of assets other than inventory	(ii) Other				
		•					
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
Φ	1						
enne	oa	Gross income from fundraising					
eve		events (not including \$ 443,717					
<u>ν</u>		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18					
O	1	Less: direct expenses b					
	1	, ,	•				
	1	Gross income from gaming activities.					
		See Part IV, line 19 a					
	1	Less: direct expenses b					
		· , • • •	•				
		Gross sales of inventory, less returns and allowances					
	1						
	1	Less: cost of goods sold b					
	С	,	<u> ▶</u>				
	44	Miscellaneous Revenue	Business Code				
	b						
	C	All other management					
		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> </u>	448,076	4,359	0	0

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment

Department of the Treasury Sequence No. See separate instructions. 179 Attach to your tax return. Internal Revenue Service Business or activity to which this form relates Identifying number COMMUNITY FOOD SHELF INC 41-1494430 FORM 990 -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (g) Depreciation deduction (e) Convention (f) Method only-see instructions) service 19 a 3-year property 200 DB 4,505 5 HY 901 5-year property 7 51,072 200 DB 7,298 HY 7-year property С **d** 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property 2012-08 399,347 3,842 Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. S/L 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 12,041 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colur	nns. All other organization	ons must complete colun	nn (A).	
	Check if Schedule O contains a response to any question	n in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	18,600	9,300	4,650	4,650
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,322	18,336	986	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,131	2,282	477	372
11	Fees for services (non-employees):				
a	Management				
b	Legal	252	105	105	
C	Accounting	250	125	125	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g		4 040	4 040		
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	4,940 1,476	4,940		1 202
12 13	Office expenses		173	1 100	1,303
14	Information technology	4,226	2,113	1,100	1,013
15	Royalties	2,525	2,000	275	250
16	Occupancy	26,475	25,093	1,037	345
17	Travel	67	67	1,037	343
18	Payments of travel or entertainment expenses	07	07		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	640		640	
20	Interest	3,505	3,505	010	
21	Payments to affiliates	3,303	3,303		
22	Depreciation, depletion, and amortization	12,041	12,041		
23	Insurance	3,541	3,187	354	
24	Other expenses. Itemize expenses not covered	7,7 ==	7,==:		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FOOD	156,169	156,169		
b	DUES	576		576	
C	MISC	119	119		
d		-	-		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	257,603	239,450	10,220	7,933
26	Joint costs. Complete this line only if the	,	,	,	•
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	51,386	1	15,476
	2	Savings and temporary cash investments	71,154	2	123,123
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule.L		6	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 484,363			
	b	Less: accumulated depreciation 10b 12,041		10c	472,322
	11	Investments - publicly traded securities		11	•
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	122,540	16	610,921
	17	Accounts payable and accrued expenses	3,365	17	2,424
	18	Grants payable	•	18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	298,849
	24	Unsecured notes and loans payable to unrelated third parties		24	•
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,365	26	301,273
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
S		complete lines 27 through 29, and lines 33 and 34.			
ıncı	27	Unrestricted net assets	119,175	27	309,648
3ala	28	Temporarily restricted net assets		28	
DG E	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
o		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	119,175	33	309,648
	34	Total liabilities and net assets/fund balances	122,540	34	610,921

50m 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

for an Exempt Organization	OMB No. 1545-187
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For calendar year 2012, or fiscal year beginning 2012 Department of the Treasury Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization Employer identification number BEMIDJI COMMUNITY FOOD SHELF INC 41-1494430 Name and title of officer EDITH HOYUM, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. **Do not** complete more than 1 line in Part I. 1a Form 990 check here ► 🗵 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **b** Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ▶ □ **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only

I authorize Gerald R Smith Ltd to enter my PIN 46580 as my signature ERO firm name as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 04-29-2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

<u>412482 50899</u>

do not enter all zero

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > Susan Dearholt CPA

Date > 08-07-2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	Name c	f the	organization							Employer	identification	number		
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A norganization operated for the benefit of a college or university owned or operated by a government unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives: (1) more than 33 13% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described	BEMI	DJI	COMMUNITY FOOD	SHELF INC						41-1	494430			
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A chool described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospitals sance, diy, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization organization anter Jurea 30, 1975. See section 509(a)(2) no more than 33 1/3% of its support from government income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Jurea 30, 1975. See section 509(a)(2). Organization organization anter Jurea 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organizated and operated exclusively for the benefit of, to perform the functions of, to to carry out the purposes of one or more publicly supported organizations and complete lines 11 tenugh 11. (The performance organization organization organization organization organ	Par	t I	Reason for F	Public Charity	Status (All organiza	ations m	ust comp	lete this	part.) S	ee instru	uctions.			
A school described in section 170(b)(1)(A)(ii), (Altach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et frucipal that. Type II	The o	rgan	ization is not a private	e foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital careach organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from ontributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and practiced suchsively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 te through 11th. a Type II b Type II c Type III-functionally integrated d Type III-functionally integrated organizations described in exercision 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organizations and complete lines 11 through 11th. a Type II b Type III c Type III-functionally integrated organization section 509(a)(1) or section 509(a)(1). If the organization received a written determination from the IRS that it is a Type II. Type III supporting organization in section 509(a)(1). By Checking this box, certify that the organization is not controll	1	Ц	A church, convention	n of churches, or a	ssociation of churches d	lescribed in	n section 1	170(b)(1)(<i>l</i>	A)(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A reganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A companization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) A organization organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) A organization organization devices a cyclic organization organ	2	Ц	A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	le E.)								
hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community revised (in more and university of the support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (see section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h. a Type II b Type II c Type III - C Type III - C Type IIII - C Type III -	3	Ц	A hospital or a coop	erative hospital se	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)	-					
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization and competated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations adscribed in section 509(a)(1) or section 509(a)(2). Cee section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 the through 11th. a	4	Ш	A medical research	organization opera	ited in conjunction with a	hospital c	escribed ir	section 1	170(b)(1)(A)(iii). Ent	er the			
section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II.) A community rust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v). (Complete Part III.) A community rust described in section 170(b)(1)(A)(v). (Complete Part III.) A community rust described in least a support to make a support of the section 170(b) (2) (2) (complete Part III.) A norganization organized and operated exclusively to test for public safety. See section 509(a)(4). A norganization organized and operated exclusively to test for public safety. See section 509(a)(4). A norganization organized and operated exclusively for the benefit of, to perform the functions of, to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h. a Type I b Type II c Type III. (Type III.) B Type II b Type III. (Type III.) B Typ		_	hospital's name, city,	and state:										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gost investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization associated in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11 et hrough 11h. a	5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a			section 170(b)(1)(A	A)(iv). (Complete P	art II.)									
described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community from a civities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h. a	6		A federal, state, or I	ocal government o	r governmental unit desc	cribed in s e	ection 170	(b)(1)(A)(v	').					
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	7	X	An organization that	normally receives a	substantial part of its supp	oort from a	governmen	tal unit or f	rom the ge	neral public	С			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 514 yro mb usinesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a			described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organization organized and operated exclusively to test for public safety. See section 509(a)(1). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	8		A community trust d	lescribed in sectio i	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	9		An organization that	normally receives: (1) more than 33 1/3% of it	s support f	om contrib	utions, mer	nbership fe	ees, and gr	oss			
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An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a			support from gross in	nvestment income a	nd unrelated business tax	able incom	e (less sect	ion 511 tax) from bus	inesses				
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a			acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	10		An organization org	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509((a)(4).					
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	11		An organization orga	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry o	ut the				
a			purposes of one or	more publicly supp	orted organizations desc	cribed in se	ection 509(a)(1) or se	ction 509(a)(2). See	section			
e			509(a)(3). Check the	e box that describe	s the type of supporting	organizati	on and con	nplete lines	s 11e thro	ugh 11h.				
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Gince August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization in col. (i) isled in your governing document? when the organization in col. (i) organization in col. (i) organization in col. (i) organization the U.S.? Yes No Yes No Yes No (ii) CC)			a Type I	b 🗌 Typ	e II c Type	III-Function	ally integra	ted	d	Type III-	Non-funtion	nally inte	grated	
or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box	е		By checking this box	, I certify that the org	anization is not controlled	directly or	indirectly by	y one or mo	ore disqua	lified persoi	ns			
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box			other than foundation	n managers and other	er than one or more public	cly supporte	ed organiza	tions descr	ibed in sec	ction 509(a)	(1)			
organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (ii			or section 509(a)(2).											
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (i) Name of supported organization (ii) EIN (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Version (v) Did you notify the organization in col. (i) of your support? (iii) Organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (f		If the organization re-	ceived a written dete	ermination from the IRS th	at it is a Ty	pe I, Type I	I, or Type I	II supportir	ng				
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) A provide the following information about the supported organization (described on lines 1-9 above or IRC section (see Instructions)) (iii) EIN (iii) Type of organization (described in (ii) your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii			organization, check t	his box										🗌
(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) of your support? Yes No Yes No Yes No (A) (B) (C) (I) A family member of a person described in (i) above? (I) 11g(ii) 1 (I) 11g(ii) 2 (I) 2 In 4 In	g		Since August 17, 200	06, has the organiza	ition accepted any gift or c	ontribution	from any o	f the						
(iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(ii)			following persons?											
(iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) of your support? Yes No Yes No Yes No (vii) Amount of monetary support? (viii) Amount of monetary support? Yes No Yes No (C) (Viii) Amount of monetary support? Yes No (C)			(i) A person who c	lirectly or indirectly o	controls, either alone or too	gether with	persons de	scribed in ((ii) and				Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) of your support? Yes No Yes No (ii) Of your support? Yes No Yes No (iii) Amount of monetary support? (iv) Is the organization in col. (i) organized in the U.S.? Yes No Yes No (C) (D) (III) Amount of monetary support? (IV) Amount of monetary support support? (IV) Amount of monetary suppo			(iii) below, the g	overning body of the	e supported organization?	•						11g(i)		
h Provide the following information about the supported organization (s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (Ii) EIN (Iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (See instructions) (Iv) Is the organization in col. (i) of your support? (Iv) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iii) organization in col. (iiii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiii) organization in col. (iiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			(ii) A family member	er of a person descr	ibed in (i) above?							11g(ii)		
(ii) PIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support? Yes No Yes No Yes No (A) (B) (C)			(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) above	ve? .						11g(iii)		
(described on lines 1-9 above or IRC section (see instructions)) (A) (B) (described on lines 1-9 above or IRC section (see instructions)) (a) (described on lines 1-9 above or IRC section (see instructions)) (b) (c) (c) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC	h_		Provide the following	information about th	ne supported organization	(s).								
above or IRC section (see instructions)) governing document? col. (i) of your support? (i) organized in the U.S.?		(i) Na		(ii) EIN			-		•			(vii) Amo		
(see instructions))			organization		`								suppor	İ
(A) (B) (C)						3 1 3								
(B) (C)						Yes	No	Yes	No	Yes	No			
(C)	(A)													
(C)														
	(B)													
	<u>(C)</u>													
(D)	(C)													
	(D)													
	<u>(E)</u>													
	(E)													
Total														

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			, ,	•	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,149	181,694	214,727	196,704	443,387	1,207,663			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	171,149	181,694	214,727	196,704	443,387	1,207,66			
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)						79,57			
6	Public support. Subtract line 5 from line 4						1,128,086			
	tion B. Total Support						_,,			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	171,149	181,694	214,727	, ,	443,387	1,207,66			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37		237	235	159				
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					4,200	4,200			
11	Total support. Add lines 7 through 10 .					_	1,212,54			
12	Gross receipts from related activities, etc. (se	e instructions)				12				
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□			
	tion C. Computation of Public Su	• •								
14	Public support percentage for 2012 (line 6, co	.,		• • • • • •		14	93.03 %			
15	Public support percentage from 2011 Schedu						99.93 %			
16a	33 1/3% support test - 2012. If the organize			•	•		. F3			
	box and stop here. The organization quali						▶ ☒			
b	33 1/3% support test - 2011. If the organiz									
	check this box and stop here. The organiz			=			▶ ⊔			
17a	10%-facts-and-circumstances test - 201	•								
	10% or more, and if the organization meets				-	n in				
	Part IV how the organization meets the "facts		_				, –			
	organization						▶ ⊔			
b										
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part IV how the organization meets	s the "facts-and-circu	umstances" test. The	e organization qualit	fies as a publicly		. —			
							▶ □			
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, chec	k this box and see		. —			
	instructions						🕨 🗍			

EEA Schedule A (Form 990 or 990-EZ) 2012

41-1494430

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			, ,	•	,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						•
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2012 (line 8, colu	ımn (f) divided by l	line 13, column (f))			15	%
16	Public support percentage from 2011 Schedule					16	%
Sec	ction D. Computation of Investmer						
17	Investment income percentage for 2012 (line						%
18	Investment income percentage from 2011 S	chedule A, Part II	I, line 17		· · · · · · · · · · · · · · · · · · ·	18	%
19a	33 1/3% support tests - 2012. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2011. If the organize line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instructio	ns	▶ □

Schedule B (Form 990, 990-EZ, or 990-PF)

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** BEMIDJI COMMUNITY FOOD SHELF INC 41-1494430 Organization type (check one): Filers of: Section: ∑ 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

BEMIDJI COMMUNITY FOOD SHELF INC 41-1494430 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person** X 4 ACCRA CARE **Payroll** Noncash 10,000 1011 1ST ST S (Complete Part II if there is a noncash contribution.) HOPKINS, MN 55343 (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person JandJ LUEKEN FAMILY FOUNDATION 6 **Payroll** Noncash PO BOX 911 <u>15,0</u>00 (Complete Part II if there is a noncash contribution.) HUDSON, OH 44236-5911 (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 **Person** 13 NIELSON FOUNDATION **Payroll** Noncash PO BOX 692 100,000 (Complete Part II if there is a noncash contribution.) BEMIDJI, MN 56619 (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **Person Payroll** Noncash (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

-	MIDJI COMMUNITY FOOD SHELF INC	41-1494430
Pa		ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
_	conferring impermissible private benefit?	Yes 📙 No
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	cally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contributi	servation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	r
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements in its revenue and expense statements.	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Collections	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	S.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

	organizations Maintaining Co							ets (com	iinuea)
3	Using the organization's acquisition, accession, and	other records, check	k any of the	e following	that are a sigr	nificant u	ise of its		
	collection items (check all that apply):	. 🗆 .							
а	U Public exhibition			ige progran	ns				
b	Scholarly research	e ☐ Othe	r						
С	☐ Preservation for future generations								
4	Provide a description of the organization's collections	s and explain how th	ey further	the organiz	ation's exemp	ot purpo	se in Part		
	XIII.								
5									
Date	assets to be sold to raise funds rather than to be main rt IV Escrow and Custodial Arrange	intained as part of th	ne organiza	ation's colle	ction?	• •		<u> Y</u>	es UNO
Pai	Escrow and Custodial Arrange line 9, or reported an amount on	Form 990, Par	t X, line	ie organ 21.	ization ans	swered	a res to Forn	n 990, Pa	art IV,
1a	Is the organization an agent, trustee, custodian or oth	her intermediary for	contributio	ns or other	assets not				_
	included on Form 990, Part X?							🗌 Y	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII and con	nplete the following	table:						
							An	nount	
С	Beginning balance					. 10	;		
d	Additions during the year					. 10	I		
е	Distributions during the year					. 1e)		
f	Ending balance					. 1f			
2a	Did the organization include an amount on Form 990), Part X, line 21?						∐ Y	es 📙 No
b_	If "Yes," explain the arrangement in Part XIII. Check								<u> 📙</u>
Pai	rt V Endowment Funds. Complete if	the organization	on answ	ered "Ye	s" to Form	1 990,	Part IV, line 10)	
		(a) Current year	(b) Prid	or year	(c) Two years	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year	r end balance (line 1	g, column	(a)) held a	S:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equa								
3a	Are there endowment funds not in the possession of	the organization tha	at are held	and admin	istered for the	:		ſ	
	organization by:								Yes No
	(i) unrelated organizations							. 3a(i)	
_	(ii) related organizations					• • •		. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed a	•		• •				. 3b	
Bo:	Describe in Part XIII the intended uses of the organize			t V line	10				
rai	rt VI Land, Buildings, and Equipme						A		le control
	Description of property	(a) Cost or oth			r other basis other)		Accumulated epreciation	(d) Bool	k value
10	Land	(/		29,439		.,		29,439
1a h	Land	• •			399,347		3,842		395,505
b	Leasehold improvements				333,321		3,042		393,305
d	Equipment				55,577		8,199		47,378
e	Other	•			33,377		0,199		11,310
	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X	. colump (B), line 10	(c).)				472,322

Part VII	Investments - Other Securities. S	ee Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	b) must equal Form 990, Part X, col. (B) line 12.)	Cas Form 000 Bort V line	12	
Part VIII	Investments - Program Related. S	bee Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part 3	K, line 15.		
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col. (B) line			
Part X	Other Liabilities. See Form 990, Par			
1. (4) Fadarel	(a) Description of liability	(b) Book value	_	
	income taxes		_	
(2)			_	
(3)			_	
(5)			_	
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.)			
	SC 740) Footnote. In Part XIII, provide the text of the	footnote to the organization's fina	incial statements that reports the organi	zation's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Retur	'n
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Re	turn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	-	
_ C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIII Supplemental Information		
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		
	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional nation.		
IIIIOII	iauor.		

EEA Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Inspection Employer identification number

BEMIDJI COMMUNITY FOOD SHELF IN						41-14944	
Part I Fundraising Activities	•	-		swered "Yes" to F	orm 990, P	art IV, lin	e 17.
Form 990-EZ filers are no 1 Indicate whether the organization raise	•		•	s Check all that apply			
a Mail solicitations	sa ranas imoagir ai	e \Box	-	of non-government gran			
b Internet and email solicitations		- =		of government grants			
c Phone solicitations				raising events			
d In-person solicitations		_	•	-			
2a Did the organization have a written or	oral agreement wit	h any individu	ual (including	officers, directors, trus	tees		
or key employees listed in Form 990, F	Part VII) or entity in	connection v	with professio	nal fundraising service	s?	Yes	☐ No
b If "Yes," list the ten highest paid individ		ndraisers) pu	rsuant to agre	eements under which the	he fundraiser is	s to be	
compensated at least \$5,000 by the or	rganization.						
					(-) A	:	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount (or retaine fundraiser lis col. (i)	ed by) sted in	(vi) Amount paid to (or retained by) organization
		Yes	No			,	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			•				
3 List all states in which the organization i				s or has been notified i	t is exempt fror	n	
registration or licensing.							

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through PROJECT FUND NONE col. (c)) (total number) (event type) (event type) Revenue Gross receipts 246,243 246,243 Less: Contributions 246,243 246,243 Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

EEA Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

Inspection Employer identification number

BEMIDJI COMMUNITY FOOD SHELF INC	41-1494430					
01. Members or stockholder classes and rights (Part VI,	line 6)					
MEMBERSHIP CONSISTS OF ORGANIZED PARISHES, CONGREGATIONS AND RELIGIOUS ORGANIZATIONS						
OCATED IN BELTRAMI COUNTY, MN. EACH CHURCH IS CONSIDERED ONE MEMBER.						
02. Member election for additional members (Part VI, lin	e 7a)					
EACH MEMBER IS ALLOWED ONE SEAT ON THE BOARD OF DIRECTORS AND ASSIGNED ONE VOTE.						
03. Form 990 governing body review (Part VI, line 11)						
THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SIGNING						
04. Conflict of interest policy compliance (Part VI, lin	e 12c)					
PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION, A DIRECTOR OR COMMI	TTEE					
MEMBER WHO HAS A CONFLICT MUST DISCLOSE ALL MATERIAL FACTS, IF THEY ARE PRESENT AT T	HE					
MEETING, THEIR PRESENCE WILL NOT BE COUNTED AS PART OF THE QUORUM FOR PURPOSES OF TH	AT					
VOTE AND THEY MAY NOT VOTE, OR BE PRESENT IN THE MEETING DURING THE VOTE UNLESS IT I	S BY					
SECRET BALLOT.						
OF GEO constitute dimentary ten menagement genn (Bent W	T line 15a)					
05. CEO, executive director, top management comp (Part V	i, line 15a)					
THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED ANNUALLY BY THE FULL BOARD.						
06. Other officer or key employee compensation (Part VI,	line 15b					
ALL OFFICERS ARE VOLUNTEERS AND NOT COMPENSATED. OTHER EMPLOYEES' WAGES AND SALARIE	S ARE					
REVIEWED AND APPROVED BY THE VOLUNTEER BOARD						